

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <b>11181</b>	2. Fiscal Year Covered From: <b>1/1/2004</b> through <b>12/31/2004</b>
3. Name and address of person filing. Name: <b>William J. Roach</b>	4. Name, No. number, and address of labor organization. Name: <b>Chicago Regional Cmss. Cogeneration</b> Labor Organization File Number: <b>001-944</b>
P.O. Box, Bldg., Room No., if any <b>Suite 1</b>	P.O. Box, Building and Room Number, if any
Street: <b>125 W 2505 S. 1st Rd.</b>	Street: <b>12 EAST ERIE</b>
City: <b>Milwaukee</b>	City: <b>Chicago</b>
State: <b>Wisconsin</b>	State: <b>ILLINOIS</b>
ZIP Code + 4: <b>53272</b>	ZIP Code + 4: <b>60611</b>
5. Position in labor organization. <b>Business Rep - Organizer Local 2283</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.a. Nature of interest, Transaction, or Income. _____
	7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

**4-10-05** **708-970-5777**

Date

Telephone Number

Name of Person Filing	Wiflmy J. Roehr	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of business (including trade name, if any).  Name <i>FIDUCIARY MANAGEMENT</i>	9. Business deals with:
Trade Name, if any:	<input checked="" type="checkbox"/> a. Labor Organization
P.O. Box, Bldg., Room No., if any <i>SUITE 3570</i>	<input type="checkbox"/> b. Trust
Street <i>55 W MONROE</i>	<input type="checkbox"/> c. Employer
City <i>CHICAGO</i>	
State <i>ILLINOIS</i>	ZIP Code + 4 <i>60602-27</i>

19. If 9.b. or 9.c. is checked give trust or employer's name.

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

Stake

ZIP Code + 4

**11.a. Nature of such dealing.**

Dinner - International Foundation  
50th Annual Conference  
New Orleans, LA Dec 2004

**11.b. Approximate dollar values of such dealing:**

100.

12 a. Nature of interest held or income received.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.